



Alameda County Sheriff's Office

Gregory J. Ahern, Sheriff / Coroner
Coroner's Bureau, 2901 Peralta Oaks Ct, Oakland, CA 94605
(510) 382-3000 / (510) 382-3033 (fax)

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) LEE, Paul Wilbert			TENTATIVE ID UNIDENTIFIED <input type="checkbox"/> <input type="checkbox"/>	CASE NUMBER 2018-00143		
	REPORTED BY Susan Spoelma		REPORTED BY PHONE NO. (510) 357-8300	REPORTING AGENCY Kindred Hospital		REFERENCE NUMBER 2017-01888	
	INVESTIGATOR Andrea Golden		CALL DATE AND TIME 1/9/2018 11:33	CASE TYPE Removal Case			
	DATE AND TIME OF DEATH 1/5/2018 9:12		DATE OF BIRTH 10/7/1968	AGE 49 Years	GENDER Male	RACE Black	
	HGT 66	WGT 165	EYE COLOR Brown	HAIR COLOR Black	OCCUPATION	MARITAL STATUS Divorced	
	DECEDENT	Natural death of a 49 year old male, identified as Paul Lee, reported by Kindred Hospital. Lee went into cardiac arrest while in ITR at SRJ, while being booked for a DUI. Lee was transported to ValleyCare, where a heart stent was placed. Due to coma and uncontrolled seizures following surgery, Lee was transferred to Stanford Hospital. He was later transferred back to ValleyCare, and later to Kindred Hospital, where he died on 010518. NOK notified and made arrangements. Death was initially flagged as suspicious due to family making false report about the nature of Lee's death; claims determined to be unfounded.					VET?
DEATH	LOCATION OF DEATH Kindred Hospital			LOD TYPE Hospital - IP			
	ADDRESS (STREET, CITY, STATE, ZIP) 2800 Benedict Drive San Leandro CA 94577			COUNTY Alameda			
	Manner Natural		Death Certificate Signed By:				
	Cause A	Medical complications following acute myocardial infarction			Interval	Months	
	Cause B	Coronary atherosclerosis			Interval	Years	
	Cause C				Interval		
Cause D				Interval			
NOTIFICATION	Other Significant Conditions	None					
	COPY						
	LEGAL NEXT OF KIN Paul Lee Jr.		RELATIONSHIP Son		TELEPHONE NO. (408) 618-9274		
	NOTIFIED BY		METHOD		DATE AND TIME		
	IDENTIFICATION METHOD Drivers license		DATE AND TIME 1/6/2018 9:00				
	LOCATION OF INCIDENT AT WORK						
INCIDENT	ADDRESS (STREET, CITY, STATE, ZIP)		COUNTY		DATE AND TIME OF INCIDENT		
	INVESTIGATING AGENCY CHP - Oakland		INV AGENCY PHONE NUMBER		OFFICER M. Simpson		
	FUNERAL HOME Royal Memories Funeral Home			BODY RELEASED TO FUNERAL HOME ON 1/17/2018 9:20			
	Full Autopsy <input checked="" type="checkbox"/> Partial Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Record Review <input type="checkbox"/> Inspection w/Specimen <input type="checkbox"/>			EXAM BY Thomas W. Rogers			
	DISP						



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Investigator Narrative

Decedent: LEE, Paul Wilbert
Case Number: 2018-00143
Investigator: Andrea Golden

First Call Information:

On January 9, 2018, about 1133 hours, Deputy Bordi spoke with Michelle de Vera regarding the death of her brother-in-law, who she identified to be 49 year old Paul Lee. At the time of de Vera's call, there was no record of Lee's death being reported to the Coroner's Bureau.

According to de Vera, on October 27, 2017, Lee had a medical emergency while in custody at Santa Rita Jail. De Vera said Lee was medically transported from Santa Rita Jail to ValleyCare Medical Center in the City of Pleasanton. De Vera told me Lee was transferred to Stanford University Hospital in the City of Palo Alto, then back to ValleyCare Medical Center, and was eventually transferred to Kindred Hospital, in the City of San Leandro, where Lee died on January 5, 2018. De Vera told me she believed Lee had no prior medical history except "bad teeth", and requested an autopsy be performed on Lee and an investigation to be initiated by the Coroner's Bureau. (AG2291)

On January 9, 2018, about 1215 hours, I (Golden) spoke with Kindred Hospital Nursing Supervisor T. Houghton. Nurse Houghton told me Lee was pronounced dead, on January 5, 2018, at 0912 hours, at Kindred Hospital. Nurse Houghton told me she did not have Lee's medical records during our conversation and the information she provided me was based on her limited memory of Lee's stay at Kindred Hospital. Nurse Houghton said she believed, on October 27, 2017, Lee was involved in a motor vehicle accident while driving under the influence of alcohol. Nurse Houghton said Lee was arrested, but was possibly first taken to Santa Clara Medical Center to be cleared for incarceration. Nurse Houghton was not sure about the exact course of Lee's treatment, where he had been transferred, or the exact dates of the events prior to his admission to Kindred Hospital. (AG2291)

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Medical Summary:

I (Golden) received California Highway Patrol – Oakland report #201701888 documenting Lee's arrest, on October 27, 2017. The report had no mention of a vehicle accident, or of Lee being transported to Santa Clara Medical Center. The report stated CHP noticed Lee had an expired registration sticker. CHP initiated an enforcement stop by activating their forward facing solid red lights and Lee pulled his vehicle to the side of the road without incident. Lee was arrested for "Driving Under the Influence" along with other vehicle and penal code violations. Lee told CHP he had taken 6 Norco pills that morning. CHP transported Lee to the Glenn E. Dyer Detention Facility (GEDDF), where he was booked in, at 1126 hours, without incident. The CHP report stated Lee did not have any visible injuries during the time of his arrest. (AG2291)

According to Alameda County Sheriff's Office – Santa Rita Jail incident report #17-018919, at 1737 hours, Lee was transferred to Santa Rita Jail (SRJ), where he was held in cell T-2. About 1803 hours, an SRJ deputy observed Lee experiencing what appeared to be a seizure. Lee was breathing, but was unconscious and shaking. Medical aid was requested. Nursing staff responded, and they found Lee had a



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faint pulse and could not be aroused by an ammonia inhalant. An ambulance was requested, nursing staff utilized an Automated External Defibrillator (AED) and administered Cardiopulmonary Resuscitation (CPR). About 1814 hours, Alameda County Fire Department (ACFD) Rig #17 and Paramedics Plus Rig #135 arrived at cell T-2 and continued lifesaving measures. Lee was placed on a gurney and Paramedics Plus Rig #135 transported Lee to ValleyCare Medical Center. Response time between the time of Lee's medical event to time of lifesaving measures was estimated to be four to five minutes. (AG2291)

On January 9, 2018, Deputy Bordi sent medical records requests to Santa Rita Jail, Valley Care Medical Center, Stanford University Hospital and Kindred Hospital. (AG2291)

On January 9, 2018, Deputy Bordi received medical records from Santa Rita Jail, which were downloaded into the digital photographs folder for pathologist review. According to the medical records, Lee's medical history included hypertension since he was 18 years old, chronic alcohol abuse, occasional drug abuse, osteoporosis, hernia, dental pain, depression, bipolar disorder, and chronic back pain. The records stated Lee's primary care doctor, Webster Medical Clinic Dr McMullan, prescribed Lee Norco on an ongoing basis. The SRJ medical staff had obtained Lee's primary doctor records, which showed Lee was diagnosed with hypertension, asthma and hernia. The records showed Lee was prescribed Albuterol, Cholecalciferol, Gabapentin, Hydrochlorothiazide, Hydrocodone, Metoprolol Succinate, Dicloxacillin, Hydrocortisone, and Ibuprofen. The records indicated Lee smoked a pack of cigarettes per day and consumed a pint of brandy and two beers daily. (AG2291)

On January 9, 2018, I (Golden) received Lee's medical records from ValleyCare Medical Center. I placed a copy of the records into the case file and a copy into the pathologist packet. ValleyCare records indicated Lee was admitted for cardiac arrest with ventricle fibrillation. A computed tomography (CT) head scan was performed on Lee, which showed no bleeding or ischemia. Admission tests indicated Lee had encephalopathy, congestive heart failure, and "drug abuse and marijuana" present in an initial urine screen. While at ValleyCare, Lee received a percutaneous coronary intervention (PCI) of the left anterior descending (LAD) artery with a drug-eluting stent. Lee had encephalopathy with concerns for anoxic encephalopathy, was in status epilepticus, was unresponsive and could not safely be weaned from the ventilator. (AG2291)

On October 30, 2017, the decision was made to transfer Lee to Stanford University Hospital for continuous electroencephalogram (EEG). (AG2291)

On January 24, 2018, I (Golden) received Lee's medical records from Stanford University Hospital. I provided a copy of the medical records to Chief Pathologist Dr M. Ferenc. According to the medical records, Lee was at Stanford from October 30, 2017 to November 9, 2017. The discharge summary stated that Lee's neurostatus was unchanged, despite receiving 5 anti-seizure medications and continuous EEG monitoring. Lee continued to be unresponsive, with daily fevers, voluminous tracheal secretions, and the decision was made to transfer Lee back to ValleyCare Medical Center, as continuous EEG monitoring was no longer recommended. Discharge notes specified, "Patient has very poor prognosis and family is unrealistic."

On November 9, 2017, according to ValleyCare Medical Center medical records, Lee was transferred back to ValleyCare Medical Center, where he continued to be on ventilator support. Status epilepticus appeared to be controlled, and a tracheotomy was performed, but Lee continued to remain unresponsive.

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The decision was made to transfer Lee to Kindred Hospital in San Leandro on November 16, 2017, for higher level care and to attempt weaning from the ventilator.

On January 11, 2018, I (Golden) received the Kindred Hospital medical records and placed them in the digital photographs folder for pathologist review. The records indicated Lee was not improving, and on January 5, 2018, Lee entered Bradycardia and his cardiac rhythm changed. Lifesaving measures failed, and Lee was pronounced dead, at 0912 hours. (AG2291)

On January 24, 2018, about 1320 hours, I faxed a request for medical records to Webster Medical Clinic for Lee's primary medical care records. (AG2291)

Description of the Death/ Injury Scene:

On January 5, 2018, at 0912 hours, Lee was pronounced dead the Intensive Care Unit at Kindred Hospital, located at 2800 Benedict Drive, in the City of San Leandro. (AG2291)

Body Identification:

I (Bordi) accessed Cal-Photo and located Lee's California Department of Motor Vehicles photograph. I compared the decedent to the photograph and it matched. A copy of the DMV file was placed in the case file. (EB1879)

On January 11, 2018, about 1130 hours, I (Meldrum) received a fax from the Alameda County Central Identification Bureau. A comparison was made between the decedent's fingerprints and the fingerprints associated with PFN (Personal File Number) ASA914 with the name Paul Wilbert Lee and the DOB 10/07/1968. The fingerprints were identified to have been made by the same subject. (MMM1859)

Next of Kin Investigation:

I (Golden) spoke with Michelle de Vera, who told me that Lee was not married. De Vera told me Lee had six children, some of whom were minors. De Vera refused to provide me with Lee's children's names or contact information. De Vera said Lee's sister, Tanasha Lee, was Lee's Durable Power of Attorney for Healthcare. (AG2291)

While reviewing Lee's Kindred Hospital medical records, I (Golden) saw the following people were listed as Lee's children: Paula Lee (daughter), Robert Lee (son), Paul Lee Jr. (son), and possibly Adrian Lee. (AG2291)

On January 14, 2018, about 1714 hours, I (Bordi) received a call from de Vera, who said she would email me a copy of Lee's Durable Power of Attorney (DPOA).

About 1728 hours, I received the email and reviewed the DPOA. The DPOA designated Tanasha as the agent for healthcare. The page where Lee was supposed to sign the document was blank. The document was notarized in regards to Tanasha's signature, but I could not locate a signature for Lee.

I spoke with Tanasha and she told me Lee's children gave her authorization for the Durable Power of Attorney. Tanasha said there was no paperwork indicating their authorization. I explained to Tanasha that Lee's children were the legal next of kin and could sign the authorization for funeral arrangements. Tanasha said she would have one of the children sign the funeral authorization. (EB1879)

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On Monday, January 15, 2018, I (Sobrero) received an email from Royal Memories Funeral Home authorizing Lee's release from the Coroner's Bureau. The release was authorized by Lee's son, Paul Lee Jr. I confirmed Lee could be released and completed the pre-authorization paperwork. Copies of the emails were placed in the case file and the file was placed in the "release rack." (SS1832)

Other Agency Reports:

Refer to Alameda County Sheriff's Office – Santa Rita Jail incident report #17-018919. A copy of the report was placed into the case file. (AG2291)

Refer to California Highway Patrol – Oakland report #201701888. A copy of the report was placed into the case file. (AG2291)

Property and Evidence:

I (Golden) issued Coroner's receipt #38877 to Kindred Hospital staff for Lee's body. There was no property associated with this case. (AG2291)

Coroners Fees:

There were Coroner's fees for body removal and body preparation totaling \$400 associated with this case. As of March 9, 2018, fees had not been paid. (AG2291)

Investigative Details:

On January 9, 2018, about 1356 hours, Deputy Bordi and I (Golden) arrived at the Kindred Hospital morgue. We were met by Nurse Houghton, who led us to Lee's body. I performed a limited external examination of Lee's body, and found moderate rigor, no visible lividity, purge coming from his nose, and dry skin with a slight, superficial sore on his left foot. I saw no sign of obvious visible trauma to Lee's body. Due to the fact Lee's death was being treated as an "In Custody Death," I placed paper bags over Lee's hands per the Coroner's Bureau policy and procedures. Deputy Bordi took scene photographs, and we prepared Lee's body for transportation to the Coroner's Bureau.

About 1428 hours, we arrived at the Coroner's Bureau and processed Lee into the morgue, which included intake photographs. Scene and intake photographs were later downloaded to a CD-R disc and placed into the case file.

On January 10, 2018, about 1042 hours, Coroner's Pathologist Dr T. Rogers conducted Lee's autopsy. Dr Rogers deferred Lee's cause of death pending "Case Review."

On February 8, 2018, Dr. Rogers determined Lee's cause of death to be "Medical complications following acute myocardial infarction, due to coronary atherosclerosis." (AG2291)

Findings:

On March 9, 2018, I (Golden) reviewed this case to determine the manner of Lee's death. Based on my investigation and the autopsy protocol, I found the manner of Lee's death to be natural. (AG2291)

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Supervisor Review:

On Friday, March 9, 2018, I (Sgt. Gonzalgo) reviewed this case and found it to be complete. I concur with the findings and approve this case for closure. However, due to the fact the Coroner's fees are still outstanding, the case will show "Closed-Pending Fees" until all fees are paid in full. (NLG5228)

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Coroner's Bureau
2901 Peralta Oaks Court, 2nd Floor, Oakland, CA 94605-5319



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: January 10, 2018

FROM: Thomas Wayne Rogers, M.D.

TO: Case File 2018-00143

SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Paul Wilbert Lee at the Coroner's Bureau, 2901 Peralta Oaks Court, Oakland, California, on January 10, 2018, at 9:10 a.m.

AUTOPSY FINDINGS

- 1) ANOXIC ENCEPHALOPATHY WITH STATUS EPILEPTICUS (BY HISTORY).
- 2) GENERALIZED ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE:
 - A) CARDIOMEGLY
 - B) FOUR-CHAMBER DILATATION OF HEART
 - C) STENT, LEFT ANTERIOR DESCENDING CORONARY ARTERY
 - D) CORONARY ATHEROSCLEROSIS
 - E) AORTIC ATHEROSCLEROSIS
 - F) STATUS POST MYOCARDIAL INFARCTION (BY HISTORY).
- 2) PULMONARY CONGESTION AND EDEMA.

CAUSE OF DEATH: MEDICAL COMPLICATIONS FOLLOWING ACUTE MYOCARDIAL INFARCTION DUE TO CORONARY ATHEROSCLEROSIS.

cc: District Attorney
Investigation's Bureau

Sheriff-Coroner
Alameda County

Body of PAUL WILBERT LEE

1 EXTERNAL EXAMINATION

2 The body is that of an African American male appearing the
3 stated age of 49 years. There is a Coroner's identification tag
4 present on the left big toe. The body is 67 inches long and
5 weighs 179 pounds.

6 The body is presented in a supine position. The body is
7 nude. Rigor mortis is past. Lividity is present over the
8 dorsal aspect of the body.

9 There is the following evidence of MEDICAL THERAPY:

10 1) A dressing covering a nonremarkable appearing
11 tracheostomy ostia over the midline of the neck.

12 2) A dressing covering a probable needle puncture mark in
13 the medial aspect of the right upper arm.

14 3) A medical band about the right wrist.

15 4) A dressing covering a needle puncture mark in the
16 dorsal aspect of the right hand.

17 5) A PEG tube in the left upper quadrant of the abdomen.

18 6) Two medical bands about the left wrist.

19 7) A dressing covering a needle puncture mark in the
20 medial aspect of the left upper arm.

21 There are no blunt injuries noted to the body.

22

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Body of PAUL WILBERT LEE

23 There is some focal scarring, white in color, along the
24 edge of the right ear ranging upwards to 1 inch in greatest
25 dimension. Two areas appear to be present.

26 The hair is black and 1/2 inch long. Pupils are round.
27 Irides are brown. Arcus senilis is present. Sclerae may be
28 mildly icteric. No petechial hemorrhages are noted. Ears, nose
29 and lips are otherwise nonremarkable. Mustache and beard are
30 present. The neck is nonremarkable.

31 The chest is flat. Breasts are consistent with an adult
32 male. The abdomen is slightly distended. There is swelling of
33 the external genitalia.

34 There is some probable skeletal muscle atrophy of both
35 legs, including the thighs and lower legs.

36 There is mild edema of both arms and hands. The arms and
37 hands are without further abnormalities.

38 The back is nonremarkable.

39 INTERNAL EXAMINATION

40 The body is opened through the usual Y-SHAPED INCISION. No
41 abnormalities.

42 BODY CAVITIES: The PEG tube is properly placed and without
43 abnormalities. The body cavities are lined by smooth,
44 glistening surfaces. Ribs and diaphragms are intact. No old

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Body of PAUL WILBERT LEE

45 rib fractures are identified. No fluid is present.

46 HEART: In situ, the heart is enlarged, with the apex

47 beyond the left midclavicular line. The heart weighs 500 grams.

48 The epicardial surface is smooth. Ventricular myocardium is

49 brown. No acute or old myocardial infarctions are identified.

50 There is mild four-chamber dilatation of the heart. Valves are

51 normal. Coronary ostia are patent. There is a stent in the

52 proximal end of the left anterior descending coronary artery

53 that appears to be nonremarkable. The proximal end of the left

54 circumflex coronary artery appears to be calcified making

55 examination difficult. The possibility of an underlying stent

56 cannot be excluded. The right coronary artery appears small.

57 No thrombi are present.

58 VESSELS: The aorta and tributaries are mildly to

59 moderately involved with atheromatous change. The pulmonary

60 artery and venous system contain no thromboemboli.

61 TRACHEA AND BRONCHI: Lined by pale yellow mucosal

62 surfaces.

63 LUNGS: The left lung weighs 1000 grams. The right lung

64 weighs 1100 grams. Pleural surfaces are smooth. Lung

65 parenchyma is prominently congested and edematous. Lung

66 parenchyma has a uniform firmness to them. No actual areas of

Sheriff-Coroner
Alameda County

Body of PAUL WILBERT LEE

67 bronchopneumonia are identified. Airways contain yellow sputum.

68 The arterial system is nonremarkable.

69 ORAL CAVITY: The teeth are natural, with many teeth
70 chronically missing. None are acutely missing or loose. The
71 tongue is normal.

72 ESOPHAGUS: Lined by a white, wrinkled mucosal surface.

73 STOMACH: Contains 50 cc of green mucoid material. The
74 mucosal surface is tan. No tumors or ulcers are noted.

75 INTESTINES: Covered by smooth serosal surfaces. No
76 abnormalities are noted.

77 LIVER: Weighs 2200 grams. The serosal surface is smooth.
78 The anterior margin is sharp. The parenchyma is mildly involved
79 with fatty metamorphosis.

80 GALLBLADDER: The gallbladder is of normal size. Its
81 surface is smooth. Its wall is of normal thickness. It is
82 lined by a green velvety mucosal surface. It contains 10 cc of
83 bile and no stones.

84 PANCREAS: The pancreas is of normal size. Its parenchyma
85 is yellow-brown and lobulated. No tumors are present. No
86 saponification is noted.

87 SPLEEN: The spleen weighs 150 grams. Its capsule is gray
88 and smooth. Its parenchyma is red-purple and soft.

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Body of PAUL WILBERT LEE

89 ADRENAL GLANDS: The adrenals are normal in size and have
90 their usual triangular shape. Sectioning of them reveals non-
91 remarkable cortex and medullary parts. No hemorrhages are
92 present.

93 KIDNEYS: The kidneys weigh 160 grams each. Surfaces are
94 smooth. Parenchyma is brown and moderately congested. There is
95 a distinct corticomedullary separation. Papillae are normal.
96 The calyces and pelves of both kidneys are nonremarkable. No
97 obvious abnormalities are noted of the ureters. No stones are
98 present.

99 BLADDER: The bladder contains no urine. It is lined by a
100 tan mucosal surface. No trabeculation or tumors are present.
101 No diverticula are noted.

102 PROSTATE: The prostate is of normal size. Its parenchyma
103 is yellow-white and rubbery. No tumors are noted.

104 TESTICLES: Slightly atrophied.

105 MUSCULOSKELETAL SYSTEM: No abnormalities noted.

106 NECK: The hyoid bone and laryngeal structures are intact.
107 Soft tissue about the larynx is normal. The larynx is free of
108 obstructing material. The cervical vertebral column is non-
109 remarkable. The thyroid gland is of normal size. Sectioning of
110 it reveals a nonremarkable red-brown parenchyma.

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Body of PAUL WILBERT LEE

111 CENTRAL NERVOUS SYSTEM: Soft tissue about the cranial
112 vault is normal. The brain weighs 1250 grams. There is mild
113 flattening of the gyri and sulci of the cerebral hemispheres.
114 Sectioning of the brain reveals a uniform, slight softness to
115 brain parenchyma. Otherwise, no abnormalities are noted.

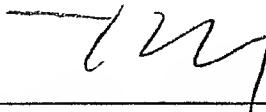
116 No old cerebral contusions are noted. No xanthochromic
117 discoloration of the subarachnoid membranes is identified. No
118 organized subdural hemorrhage is present. Stripping the dura
119 from the inner table of the skull reveals no abnormalities.

120 SPECIMENS:

- 121 1) Heart's blood
- 122 2) Leg blood
- 123 3) Liver
- 124 4) Tissue
- 125 5) Photographs

126

127
128
129
130
131 TWR/jkm


Thomas Wayne Rogers, M.D.